

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Hearing Aid Providers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-51 MAA
Issued: June 1, 2002

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-40 MAA

Subject: Vendor Rate Increase for Hearing Aid Providers

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a one and one-half (1.5) percent vendor rate increase as authorized by the 2001-2003 Biennium Appropriations Act. This rate increase has been applied across the board for hearing aids and related services.

Attached are replacement pages 23-26 for MAA's Hearing Aids and Services Billing Instructions, dated September 2000.

Bill MAA your usual and customary charge. For procedure codes that were formerly listed as By Report (B.R.), MAA will reimburse providers the percentage of billed charges listed in the Maximum Allowable Fee column of the Fee Schedule.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

In general, enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications, equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Plan of treatment and/or care, and outcome; and
 - ✓ Specific claims and payments received for services.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, for six years from the date of service or more if required by federal or state law or regulation.

A provider may contact MAA with questions regarding its programs. However, MAA's response is based solely on the information provided to MAA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern MAA's programs.

Fee Schedule

Hearing Aids for Adults

Services and/or items for adults must meet program requirements..

Effective 7/1/02

State-Unique Procedure Code	Description	Modifier	Maximum Allowable
5047V	In the Ear (ITE)	RT, LT, or RP	\$459.87
5049V	Behind the Ear (BTE)	RT, LT, or RP	459.87
5051V	Assistive Listening Device (taxable) For adults who are unable to use a regular hearing aid or do not want a regular hearing aid, but need amplification. Same criteria as other adult hearing aids.	RT, LT, or RP	141.57
*V5050	Hearing Aid, Monaural (monthly rental only) Payable only when client's hearing aid is being repaired. Payment not to exceed 2 months.	RR	31.72
5002V	Hearing Aid Casing (replacement only) Allowed no more than once in 5 years.	RP	80.86
5003V	Hearing Aid Ear Mold (replacement only) Allowed no more than once in 3 years.	RP	36.25
5004V	Repairs (includes parts and labor)		79.31

Please bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

* HCPCS procedure code.

Modifiers

LT = Left

RT = Right

RP = Replacement

RR = Rental

Hearing Aids for Children

*Children's hearing aid equipment and services
 REQUIRE authorization from the client's local CSHCN coordinator.*

Effective 7/1/02

State-Unique Procedure Code	Description	Modifier	Maximum Allowable
5052V	Monaural In the Ear (ITE)	RT, LT, or RP	\$463.84
5054V	Binaural ITE		881.72
5056V	Monaural Behind the Ear (BTE) w/o Audio Input	RT, LT, or RP	493.94
5058V	Binaural BTE w/o Audio Input		938.69
5060V	Monaural BTE with Audio Input	RT, LT, or RP	505.84
5062V	Binaural BTE with Audio Input		960.68
5064V	Monaural Bone Conduction Aid	RT, LT, or RP	523.82
5066V	Monaural On the Body Aid	RT, LT, or RP	523.82
5068V	Binaural On the Body Aid		942.79
5021V	Rental per month (child)	RR	38.88
5040V	Ear Mold for BTE Aid		38.88
5042V	Replacement ITE Ear Mold	RP	83.31
5044V	Recasing, ITE or BTE Aid (includes parts and labor)	RP	83.31
5046V	Repairs (includes parts and labor)		83.31

The following procedure codes are covered only when approved as a limitation extension.

5008V	Binaural Programmable		1,987.24
5009V	Monaural Programmable		1,070.25
5011V	FM System		2,277.04

Please bill your usual and customary charge.

Payment will be the lesser of billed charge or the maximum allowable fee.

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CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) LOCAL AGENCY COORDINATORS AND SUPPORT STAFF

(Street addresses in parenthesis are only used for package deliveries by
carriers other than the U.S. Postal Service.)

County	Contact/Address	Communications
<i>Adams County Health District</i>	108 West Main Ritzville, Washington 99169	(509) 659-3317 ◆ FAX (509) 659-4109
<i>Asotin County Health District</i>	431 Elm Street Clarkston, Washington 99403	(509) 758-3344/3345 ◆ FAX (509) 758-8454
<i>Benton-Franklin Health District</i>	800 West Canal Drive Kennewick, Washington 99336	(509) 586-0207, ext. 236 ◆ FAX (509) 585-1525
<i>Bremerton-Kitsap County Health District</i>	109 Austin Drive Bremerton, Washington 98312	(360) 478-5235 ◆ FAX (360) 478-5298
<i>Chelan-Douglas Health District</i>	200 Valley Mall Parkway East Wenatchee, Washington 98802 <i>For mailing address, use the following:</i> PO Box 429 Wenatchee, Washington 98807	(509) 886-6400 ◆ FAX (509) 886-6478
<i>Clallam County Department of Health & Human Services</i>	223 East Fourth Street (PO Box 863) Port Angeles, Washington 98362-0149	(360) 417-2439 ◆ FAX (360) 417-2519
<i>Columbia County Health District</i>	221 East Washington, Suite 101PH Dayton, Washington 99328	(509) 382-2181 ◆ FAX (509) 382-2942
<i>Cowlitz County Health Department</i>	600 Broadway, Third Floor Longview, Washington 98632 <i>For mailing address, use the following:</i> 207 Fourth Avenue North Kelso, Washington 98626-4124	(360) 414-5599 ◆ FAX (360) 425-7531
<i>Garfield County Health District</i>	Post Office Box 130 (10th & Columbia) Pomeroy, Washington 99347	(509) 843-3412 ◆ FAX (509) 843-1935
<i>Grant County Health District</i>	1021 West Broadway Moses Lake, WA 98837	(509) 766-7960 ◆ FAX (509) 766-6519
<i>Grays Harbor Health Department</i>	2109 Sumner Avenue Aberdeen, Washington 98520	(360) 532-8631 ◆ FAX (360) 533-6272

** Indicates Regional Representative

◆ FAX or Internet not located in agency office.



State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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